



State of Connecticut  
Department of Public Safety  
Division of State Police  
DPS-90-C (Rev. 04/03)

☐ ADDITIONAL PAGES

<b>TROOP / UNIT: Troop-E</b>		<b>OTHER INVOLVED AGENCY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES</b>	
<b>DATE:</b> 8-13-05	<b>TIME:</b> 1305	<b>INVESTIGATING TROOPER / OFFICER:</b> TFC Joseph Miller	<b>DPS CASE NUMBER:</b> DPS-04-042653
<b>LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY):</b> Sandy Desert Road at Mohegan Sun Blvd Mohegan Sun Casino Montville, CT			
<b>SUMMARY OF INCIDENT OR AFFIDAVIT:</b> <input checked="" type="checkbox"/> ARREST MADE <input type="checkbox"/> UNDER INVESTIGATION The accused was arrest based on an arrest warrant issued by GA 21. The accused was a bus driver who was operating a bus that was involved in a fatal pedestrian accident at the Mohegan Sun Casino on 8-26-04. Investigation revealed that the accused was operating the bus in excess of allowed hours of operation, with defective equipment, failed to avoid pedestrians, and made an improper turn.			
<b>VICTIM: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD &amp; "AGE" IN DOB FIELD)</b>			
<b>NAME / BUSINESS / AGENCY:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>ADDRESS: (TOWN/CITY&amp;STATE ONLY)</b>		<b>JUVENILE:</b> <input type="checkbox"/> YES <b>AGE:</b> <b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>NAME / BUSINESS / AGENCY:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>ADDRESS: (TOWN/CITY&amp;STATE ONLY)</b>		<b>JUVENILE:</b> <input type="checkbox"/> YES <b>AGE:</b> <b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>NAME / BUSINESS / AGENCY:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>ADDRESS: (TOWN/CITY&amp;STATE ONLY)</b>		<b>JUVENILE:</b> <input type="checkbox"/> YES <b>AGE:</b> <b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD &amp; "AGE" IN DOB FIELD)</b>			
<b>NAME:</b> Chow, Ket Chuen	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	<b>DOB:</b> 10-10-56	<b>ADDRESS:</b> 831 44 <sup>TH</sup> Street Brooklyn, NY
<b>CHARGES:</b> 1. Misconduct w/ Motor vehicle 3. Operating a void pedestrian Restricted turns	<b>COURT:</b> GA: 21 <b>TOWN:</b> NORWICH <b>DATE:</b> 8-26-05	<b>BOND: 1,000</b> <input checked="" type="checkbox"/> CASH <input checked="" type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA <b>AMOUNT \$:</b> <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	<b>INJURED:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>AMBULANCE:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>HOSPITAL:</b>
<b>NAME:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>DOB:</b>	<b>ADDRESS:</b>	
<b>CHARGES:</b> 1. 2. 3. 4.	<b>COURT:</b> GA: <b>TOWN:</b> <b>DATE:</b>	<b>BOND:</b> <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA <b>AMOUNT \$:</b> <input checked="" type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	<b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AMBULANCE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>HOSPITAL:</b>
<b>NAME:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>DOB:</b>	<b>ADDRESS:</b>	
<b>CHARGES:</b> 1. 2. 3. 4.	<b>COURT:</b> GA: <b>TOWN:</b> <b>DATE:</b>	<b>BOND:</b> <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA <b>AMOUNT \$:</b> <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	<b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AMBULANCE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>HOSPITAL:</b>
<b>NAME:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>DOB:</b>	<b>ADDRESS:</b>	
<b>CHARGES:</b> 1. 2. 3. 4.	<b>COURT:</b> GA: <b>TOWN:</b> <b>DATE:</b>	<b>BOND:</b> <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA <b>AMOUNT \$:</b> <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	<b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AMBULANCE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>HOSPITAL:</b>
<b>SUPERVISOR'S APPROVAL REQUIRED: INITIALS:</b> <i>[Signature]</i> <b>ID #:</b> 232 <b>DATE:</b> 08-12-05 THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE <u>FREEDOM OF INFORMATION LAWS</u> . FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE. PHONE: 860-685-8230 FAX: 860-685-8301 TO BE			

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